



*Effective Substance Abuse and  
Mental Health Programs  
for Every Community*

## Cognitive Behavioral Therapy for Child Sexual Abuse

Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA) is a treatment approach designed to help children and adolescents who have suffered sexual abuse overcome posttraumatic stress disorder (PTSD), depression, and other behavioral and emotional difficulties. The program helps children to—

- Learn about child sexual abuse as well as healthy sexuality
- Therapeutically process traumatic memories
- Overcome problematic thoughts, feelings, and behaviors
- Develop effective coping and body safety skills

The program emphasizes the support and involvement of nonoffending parents or primary caretakers and encourages effective parent-child communication. Cognitive behavioral methods are used to help parents learn to cope with their own distress and respond effectively to their children's behavioral difficulties. This CBT approach is suitable for all clinical and community-based mental health settings and its effectiveness has been documented for both individual and group therapy formats.

### TARGET POPULATION

CBT-CSA is designed for children and adolescents 3 through 18 years old who have experienced sexual abuse and are exhibiting posttraumatic stress, depression, and other abuse-related difficulties (e.g., age-inappropriate sexual behaviors, problematic fears, social isolation). Children are generally referred for treatment following an investigation conducted by child protection or law enforcement personnel in which allegations of sexual abuse are found to be credible. Whenever possible, a nonoffending caregiver or

### PROVEN RESULTS

- 63% reduction in children's PTSD symptoms
- 41% reduction in children's levels of depression
- 23% reduction in children's acting-out difficulties
- Reductions in children's levels of PTSD, depression, and acting-out behaviors were maintained for 2 years

### *Participation in group CBT-CSA led to:*

- 26% reduction in parents' emotional distress related to the abuse
- 45% reduction in parents' intrusive thoughts about the abuse
- 45% improvement in body safety skills in young children

### INTERVENTION

Universal

Selective

Indicated

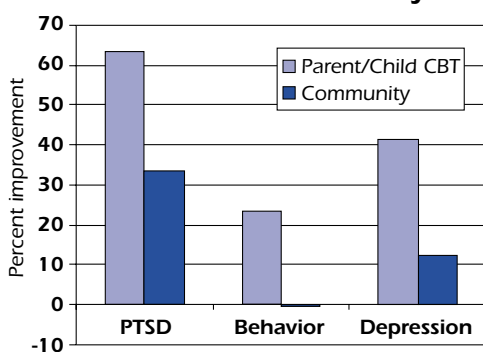


**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention  
[www.samhsa.gov](http://www.samhsa.gov)

## Outcomes

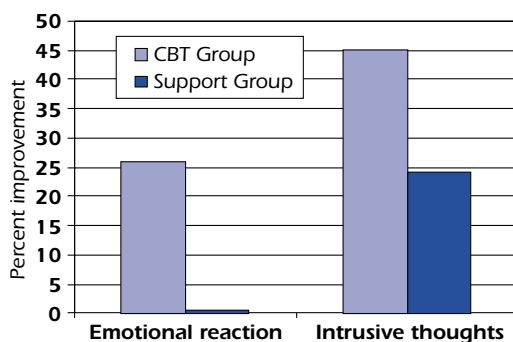
Children who participated in CBT-CSA with their nonoffending parents demonstrated greater improvements with respect to PTSD, depression, and acting out behaviors as compared to children assigned to the community control condition. As compared to parents who participated in a support group, parents who participated in a CBT-CSA group showed greater improvement with respect to emotional distress and intrusive thoughts related to their children's sexual abuse.

**Comparison of pre/posttest changes in children receiving CBT-CSA vs. community\***



\* Community comparison: participants randomly referred by a caseworker to a therapist in their community.

**Comparison of pre/posttest changes in parental distress in response to CBT-CSA group vs. support group\***



\* Support group: participants received nondirective supportive counseling which is less structured and not skill-focused in the manner of the CBT group.

parent is encouraged to participate along with the child. The program may be utilized in private and/or public clinics and has demonstrated success with Black/African American, Hispanic/Latino, and White children from all socioeconomic backgrounds. The research participants were primarily seen at a public clinic on a medical school campus, but therapists in community settings, including child protection offices in urban, suburban, and rural settings, have also delivered the treatment program.

## BENEFITS

In the aftermath of child sexual abuse, CBT-CSA:

- Helps children talk about their experiences and cope with their feelings and concerns
- Assists parents in coping with abuse-specific distress and responding effectively to their children's emotional and behavioral problems
- Improves parent-child communication and interactions

## HOW IT WORKS

The treatment program consists of parallel sessions with the child and his or her nonoffending parent(s), as well as joint parent-child sessions in the later stages of therapy. The treatment approach can be effectively implemented in 12 sessions and has been applied to both individual and group therapy formats. The specific components of treatment for both the child and parent include:

- Education about child sexual abuse and healthy sexuality
- Coping skills training, including relaxation, emotional expression, and cognitive coping
- Gradual exposure and processing of traumatic memories and reminders
- Personal body safety skills training

Parents are also provided with behavioral management training to strengthen children's positive behaviors while minimizing behavioral difficulties. Joint parent-child sessions are designed to help parents and children practice and utilize the skills learned, while also fostering more effective parent-child communication about the abuse and related issues.

## IMPLEMENTATION ESSENTIALS

Therapists seeking training in this treatment approach should have experience working with children and families and prior training in and knowledge of child sexual abuse dynamics, child abuse reporting laws, child protection systems, and community victim advocacy resources.

## Training and Technical Assistance

Several levels of training are available:

- Half- and/or full-day introductory workshops can be offered to introduce skilled mental health professionals to the program's overall approach
- Two- to four-day seminars, offering more intensive training to direct service providers and/or supervisors
- Intensive training with ongoing professional consultation including weekly or biweekly review of audiotaped sessions and feedback

### Program Materials

A detailed description of CBT-CSA is provided by Esther Deblinger, Ph.D., and Anne Heflin, Ph.D., in their professional book titled *Treating Sexually Abused Children and Their Non-offending Parents: A Cognitive Behavioral Approach*. An audiotape titled *Treating Trauma in Children and Adolescents*, written and narrated by Judith Cohen, M.D., also provides an excellent overview of the treatment model. Both the professional text and audiotape may be obtained through Sage publications. A children's book, *Let's Talk About Taking Care of You: An Educational Book About Body Safety*, by Lori Stauffer, Ph.D., and Dr. Deblinger, is also recommended for use with children 5 to 10 years of age. Information on how to obtain the children's book is located at [www.hope4families.com](http://www.hope4families.com).

## PROGRAM BACKGROUND

CBT-CSA was developed following a series of assessment studies that documented the wide array of emotional and behavioral difficulties exhibited by children who have experienced sexual abuse. These studies indicated that while some children suffer minimal difficulties following sexual abuse, others experience serious psychiatric disorders, with one of the most common disorders being PTSD. In addition, assessment research has clearly revealed the important role nonoffending parents play in the recovery process. Thus, a treatment program was developed for abused children and their nonoffending parents specifically designed to improve PTSD and other abuse-related difficulties (e.g., age-inappropriate sexual behaviors, depression, acting-out behaviors, etc.). To date, seven treatment outcome studies (two pre- and posttest designs and five randomized control trials) have documented the efficacy of this treatment approach.

Dr. Deblinger and her colleagues, Dr. Judith Cohen, and Anthony Mannarino, Ph.D., from Allegheny General Hospital, are currently completing a multisite treatment outcome investigation for children who have suffered sexual abuse and collaborating on a manual for children exposed to other forms of traumatic stress. Melissa Runyon, Ph.D., and Felicia Neubauer, L.C.S.W., from the University of Medicine and Dentistry of New Jersey-School of Osteopathic Medicine, are also collaborating with Dr. Deblinger on the development of modified treatment programs for children who have suffered physical abuse and/or domestic violence.

## TARGET AREAS

### Protective Factors To Increase

#### Individual

- Emotional expression skills
- Relaxation skills
- Cognitive coping skills
- Personal safety skills
- Self-esteem

#### Peer

- Positive peer relations
- Assertiveness skills

#### Family

- Parent emotional stability and support
- Sharing of praise and positive feedback
- Effective discipline and limit setting
- Parent-child communication skills
- Cohesive family interactions

#### Society

- Public education about child sexual abuse
- Multidisciplinary team approach

### Risk Factors To Decrease

#### Individual

- Emotional and behavioral difficulties
- Avoidance and social isolation
- Shame and self-blame regarding abuse

#### Family

- Lack of parental support
- Parental emotional difficulties
- Ineffective parenting skills
- Problematic family interactions

#### Society

- Lack of access to specialized treatment services
- Ineffective system response to allegations

## EVALUATION DESIGN

In a series of randomized control trials, this CBT approach led to significant reductions in parental emotional distress, as well as significant improvements with respect to PTSD, depression, behavior problems, and personal safety skills in children. Research examining the impact of the parent and child components of this treatment demonstrated the significant value of parental participation in treating children's acting-out behaviors and depression. The findings also suggested the critical importance of the CBT child interventions in effectively treating PTSD in the population. A recent followup study has documented the maintenance of children's improvements with respect to PTSD, depression, and behavior problems over a 2-year period. The results of a recent study comparing group CBT-CSA to a support group approach suggest that cognitive behavioral strategies are significantly more effective in enhancing children's personal safety skills and reducing parents' abuse-specific distress. Program results have been reported in journal articles published in the *Journal of the Academy of Child and Adolescent Psychiatry*, *Child Maltreatment*, and *Child Abuse & Neglect: the International Journal*.

Research funding that has contributed to the development and evaluation of this treatment program has been provided by the Foundation of the University of Medicine and Dentistry of New Jersey and the U.S. Department of Health and Human Services' National Center on Child Abuse and Neglect and National Institute of Mental Health. Victims of Crime Act grants, grants and contracts administered by the New Jersey Division of Youth and Family Services, and private and corporate donations have also funded individual and group therapy services provided at the center.

## PROGRAM DEVELOPER

### **Esther Deblinger, Ph.D.**

Esther Deblinger, Ph.D., is the clinical director of the Center for Children's Support and associate professor of psychiatry at the University of Medicine and Dentistry of New Jersey (UMDNJ)-School of Osteopathic Medicine. For over 15 years, Dr. Deblinger and her colleagues have conducted cutting-edge research, examining the impact of child sexual abuse and treatment of the resulting difficulties. The Foundation of UMDNJ and the U.S. Department of Health and Human Services' National Center on Child Abuse and Neglect and National Institute of Mental Health have supported this research. Dr. Deblinger has coauthored numerous journal articles, the professional book *Treating Sexually Abused Children and Their Nonoffending Parents: A Cognitive Behavioral Approach* (1996), as well as the children's book, *Let's Talk About Taking Care of You: An Educational Book About Body Safety* (1999). Dr. Deblinger is a founding fellow of the Academy of Cognitive Therapy and currently she is on the editorial boards for the journals *Child Maltreatment* and *Trauma Practice*.

## CONTACT INFORMATION

Esther Deblinger, Ph.D.  
Clinical Director, Center for Children's Support  
Associate Professor of Psychiatry  
University of Medicine and Dentistry of  
New Jersey  
School of Osteopathic Medicine  
42 East Laurel Road, Suite 1100B  
Stratford, NJ 08084  
Phone: (856) 566-7036  
Fax: (856) 566-6108  
E-mail: [deblines@umdnj.edu](mailto:deblines@umdnj.edu)

Donna Fails, ACSW, LCSW  
Administrator, Center for Children's Support  
University of Medicine and Dentistry of  
New Jersey  
School of Osteopathic Medicine  
42 East Laurel Road., Suite 1100B  
Stratford, NJ 08084  
Phone: (856) 566-7036  
Fax: (856) 566-6108  
E-mail: [failsdg@umdnj.edu](mailto:failsdg@umdnj.edu)

## RECOGNITION

Model Program—Substance Abuse and Mental  
Health Services Administration, U.S.  
Department of Health and Human Services